

“Investigating the perceptions of nurses and patients for the nursing care provided and received in a hospital setting “

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Abstract

The disease may arise complex emotional, psychological, and spiritual issues, both for patients and for nurses, in which the multifaceted therapeutic approach is part of the nurse/therapist care as it is the essential pillar of nursing science.

Aim: The purpose of this study was to investigate the nurses' and patients' perceptions of nursing care provided and received in a Hospital.

Methodology: The sample of this study consists of two hundred and ten (210) patients and one hundred and ninety-six (196) nurses. Two questionnaires were used to collect the data. The nurses were given a questionnaire tailored to what they developed in their survey Cossette et al., (2006), the patients were given the corresponding questionnaire with the same questions, adjusted in their perspective. The Questionnaire includes questions about the demographic characteristics of each sample and statements concerning the care, service, and tasks of the Nurses for patients. The statistical analysis was conducted with the program SPSS 20.0.

Results: As evidenced by the replies given and the obtained results, nurses consider the care they provide is at a very satisfactory level. However, patients appear to be moderate in their views with the overall of nursing care satisfaction.

Discussion: The analysis results appear differences between the nurse's perception of the care provided and the perceived patient satisfaction with this care. Patients appear moderately satisfied, considering that nurses meet the specifications to a large extent in the therapeutic process and the technical procedures of medical machines. Considering nurses need improvement in interaction, as shown by the answered of the satisfaction questions about the nurses and the services provided.

These results are consistent with the relevant bibliography, researchers in the field have identified the need to improve personal contact, interaction, and communication between nurses and patients, as well as their contribution to perceived care.

Conclusions: As the overall experience of care provided by nurses to the patient is a multifactorial process, it is imperative to consider all factors influencing patient satisfaction with the care provided.

Proposals: More prominence needs to be presented on issues as nurses /patients communicate and enough information given to the patient and family as well as the updating educational and personal development of nurses.

Keywords: satisfaction, nursing staff, patients, nursing care.

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I. Introduction

Caring is the essence, central, and focus of nursing practice. "Caring is a central element of nursing practice" (Potter&Perry,2001). Watson pointed out that caring is "the moral ideal of nursing whereby the outcome is protection, enhancement, and preservation of human dignity" (Watson, 1999,). Leininger defines nursing as a "scientific and humanitarian profession and discipline that focuses on the phenomena of human care and care activities To assist, support, facilitate or allow individuals or groups to maintain or recover their health or wellbeing with culturally meaningful and beneficial ways or to help individuals cope with disadvantages or death, "(Leininger & McFarland, 2002).

Continuing education in nursing is a crucial state regarding the quality of nursing care (Lu et al. 2007). Nursing education should emphasize a holistic, individualized, and client-centered nursing care (Pajnikihar, 2003). However, the nursing educational level, as noted, has a direct influence on the views and experiences of nurses' professional life.

The present study based on Watson theory's, in which the human is considered as a whole, continuously interact with the environment and affect each other, with care as the substance of nursing and the main ingredient of clinical practice. This theory indicates care as a model of values that causes impingement on protection and promotion the human dignity.

The related literature indicates that patients' perceptions about nursing care should be the main issue to be absorbed and that nursing care should be observed from the patients' perceptions (Williams, 1998).

PURPOSE AND RESEARCH QUESTIONS

The purpose of this study was to investigate nurses' and patients' perceptions of nursing care and the degree of patient satisfaction with the care provided by the nurses in a hospital setting. The research questions in which the present study expects to be answered through research into samples of patients and nurses are the following:

- Do patients 'and nurses' perceptions of nursing care provide convergence points?
- Do demographic characteristics, and educational levels of nurses influence the perception of nursing care provided for patients?
- Do patients' demographic characteristics and their perceptions influence their satisfaction with the nursing care provided?

THEORETICAL BACKGROUND

Leininger subscribed that "care is the essence of nursing and the central, dominant, and unifying focus of nursing" (Leininger 1991). The provision of which has been declared fundamental in the application of Nursing (Schattsneider 1992, Smith 1999). Indeed, Newman et al. (1991) argued that the focus of nursing is to care for human health.

For many years, high standards of care were considered a luxury, especially in developing countries, where service coverage was mostly inadequate. The quality of health care is considered a factor closely linked to the efficacy of care (Berg & Danielson, 2007). Nurse-patient interaction is necessary for the daily clinical practice of nursing care. A high-level of quality in nurse-patient interaction is a therapeutic relationship with the patient, in which the nurses specify the patient' concerns, evaluate the patient's perceptions, provide places for the patient to express feelings, provide information and education to the patient and family the required self-care skills, identify the patient's needs, using interventions to meet the patient's needs, and conveniently the patient's recovery (Videbeck, 2011).

High quality of care considered as personalized, focused on patients, and linked to their needs, provided humanitarian, through a caring relationship from the staff who showed participation, dedication, and concern. The care described as "not so good" was routine, irrelevant to the need and tradition in a careless way, by distant staff who did not know or involve patients (Attree, 2008). Quality of nursing care across hospitals is variable, and this variation can result in poor patient outcomes. One aspect of quality nursing care is the amount of necessary care that is omitted (Kalisch, B. J. *et al.* 2011).

The Missed Nursing Care Model indicates some elements cause failure in care; the most common are attached to human resources, information resources and communication. Regarding the human resources, as staff profile (category, level of education, length of service, work experience, assigned service and shift), absent teamwork, unsuccessful allocation, staff shortages, care behaviours "that is not my job", the nurse-patient relationship, poor use of human resources, and long hours (Wakefield 2014).

Nursing care embraces much more than administrating medicines to patients, and nurses need to have the necessary skills to cope with stressful situations and to communicate effectively with patients and colleagues, if they not, they may not possess the ability to provide the required quality of Nursing care, (Dingley et al., 2008).

The assessment of patient satisfaction may be considered with a quantitative and /or qualitative approach. Quantitative offers methods of measuring patient satisfaction inaccurately and methodically questionnaires, whether self-reported or managed by the researcher, are perhaps the most common assessment tool in conducting studies aimed at the measurement of patient satisfaction, (Urden, 2002).

II. Research Methodology

The questionnaire, Caring Nurse-patient Interaction short Scale (for patients) and Caring Nurse-patient Interaction short Scale (for nurses) were used to collect the data based on what Cossette et al. developed in their research. (2006), translated and adapted to the Greek reality, as presented in the PRAPA research (2012). The questionnaire includes as well demographic characteristics of each sample.

Two hundred and ten (210) patients and one hundred and ninety-Six (196) nurses participated in the research was conducted and was a convenience sample, as the questionnaires were answered voluntarily by those who responded to their call.

The survey was conducted from 25 January 2019 until 28 February 2019, at an adult general hospital in Athens.

The selection criterion of the nurses' sample consisted of all nurses at all levels of nursing education who work all shifts. The criterion for selecting the sample of patients was all patients who were in the age 18-60 years, speakers and readers of the Greek language, admitted to medical and/or surgical departments stayed at least three (3) days, and their physical and mental state would allow them to respond with clarity to the questionnaire. To facilitate the analysis regarding the extraction of conclusions and the best depiction of the image of the participants' replies, it was considered necessary to group the variables in factors illustrating patients and nurses' opinions in the field of care, and their experience of the nursing care process. For this reason, a factorial analysis was performed by the Principal Component Analysis-PCA and the Varimax Rotation. The statistical analysis was conducted with the program SPSS 20.0.

III. Results

The survey involved one hundred and ninety-Six (196) nurses 60.70% are female and 39.30% male. The mean age was 30 to 40 years old, 39.80% of the sample and other age groups were involved with smaller percentages. Respondents were allocated almost equally to five categories in terms of their experience, the 6 to 10 years, receiving the highest percentage, 25%. Regarding the level of education, most of the participants are graduates of tertiary education and above, and most participants with a percentage of 80.90% replied that they are permanent staff in the hospital, while more than half of the participants were married.

The sample of patients contributed two hundred ten (210) of whom 52.90% are female and 47.10% male. The mean age was over 50 years by 30.30%, followed by age, 31 to 40 years. The educational level of patients was secondary education graduates 42.90%. Most of the patients were married at a rate of 50.70%, while 88.20% were residents of Athens.

Following the factoring three factors were created that included almost all the questionnaire variables, the mentality factor, the clinical support factor, and the respect and encouragement factor, as all three factors showed high to excellent reliability, with Cronbach- α of 0.97, 0.91, and 0.89, respectively. Statistically significant, the Nurses' answers from those of patients, for all the questionnaire factors. This difference is statistically significant at a level lower than 0.05 which has been set as a limit, for the mentality factor ($t = 8,370$, $df = 384,711$, $p < 0.05$) the factor of the clinical Support ($t = 10,766$, $df = 378,373$, $p < 0.05$), and the factor of respect and encouragement ($t = 24,674$, $df = 387,396$, $p < 0.05$).

By using T-Test and ANOVA tests, statistically, significant variations occurred with all the demographic characteristics of nurses, the results of T-Test and ANOVA tests identified only statistically significant variations due to the age and only appeared for the factor of respect and encouragement ($F3$, $204 = 4,174$, $p < 0.05$), for the educational level only for the Clinical support factor ($F4$, $198 = 2,627$, $p < 0.05$) and the place of residence for the clinical support factor only ($F2$, $200 = 5,265$, $p < 0.05$).

The result shows that the demographic characteristics of patients do not affect the perception of nursing care that they receive from the nurses.

As shown in (table 1-2) nurses responded more positively to Statement 12 on "Help them clarify which things they would like significant persons to bring them." Followed by statements 13, to "Help them to explore the meaning that they gave to their health condition" and statement 11, in "Help them to explore what is important in their life." On the other hand, nurses responded more positively to the statement 23 about their care and medication at the scheduled time, followed by statement 22 their consideration of patients' basic needs, and statement 21 respect patients' privacy. It is worth mentioning here that in all statements, nurses showed higher cumulative percentages in the answers "Considerably" and "Extremely" than in the answers "not at all" and "little."

In (table 3-4), the most negative responses given by patients were in Statement 16 in "Tried to identify with me the consequences of my behaviour." Followed by Statement 11 in "Helped me to explore what is essential in my life." and statement 10 in "Help me to look for a certain equilibrium balance in my life." Correspondingly, more positive responses were given by patients in statement 20 that nurses "Did not have an attitude of disapproval." Followed by Statement 23 in "Did treatments or gave medications at the scheduled time." and Statements 22 and 9 indicating whether nurses provided the opportunity for self-care and whether they considered the basic needs of patients.

Patients' responses were significantly more negative than those of nurses for the respective statements. For one-third of the statements - answers (8 out of 23 questions) patients gave higher cumulative percentages to the answers "not at all" and "little" than to the answers "Considerably" and "Extremely," that is, about a third of care services provided by nurses with little or no rating.

IV. Discussion

In response to the first research question of this study, the result agreed with the bibliography that the perceptions of patients and nurses do not provide convergence points. Studies that compare patient and nurse perceptions of nurse caring suggests that patients' perceptions of care are not always similar with nurses' perceptions (Thomas S. et al 2017 from Thomas D.2019).

Nurses show up focus on direct patient care such as medication administration but appear to have reduced priority to patient care interventions such as ambulation, psychosocial needs, care planning and patient education.

In response to the second research question, the demographic characteristics and the educational level of nurses can significantly influence the perceptions of the provided nursing care to patients.

However, a big study in 9 European countries recommend that patients in hospitals in which 60% of nurses had high education degrees and nurses cared for an average of six patients would have almost 30% lower mortality than patients in hospitals in which only 30% of nurses had high degrees and nurses cared for an average of eight patients (Aiken, *et al* 2014).

Regarding the third research question whether the demographic characteristics of patients affect the perception of nursing care that they receive from nurses.

Johansson and colleagues suggest that the higher the patients' educational level, the higher their expectations of nursing care. Patients with a higher educational level may have higher expectations regarding the information they are given and their overall care. If these expectations are not met, patients rate their satisfaction with nursing care as low (Johansson, *et al* 2002).

Other studies found that patients with high education level were not satisfied with nursing care (Dzomeku, V. *et al* 2013). The way that patients comprehend nursing care mostly depends on their social status, age, educational level, cultural background and previous hospital experiences. Support and respect from nurses, constant availability of nurses and appropriately given responses are the main indicators of satisfaction (Dzomeku, V. *et al* 2013).

Abdel Maqsood *et al* reported that the education level of patients did not affect their satisfaction with nursing care (Abdel Maqsood A.*et al* 2012).

Relatively studies have investigated the relationship between patient characteristics and centralized care, concerning the progress of care efficiency, efficacy and quality. (Suhonen R. *et al* 2010).

Therefore, this study show that the demographic characteristics of patients do not affect the perception of nursing care that they receive from the nurses. Other research found that age of the patient and experience along with kind of ward where patient is admitted are the factors which affect the level of patient satisfaction (Suresh J. *et al* 2017).

Other key factors may be affect patients perception as Alsaqri, reported that patients who perceived themselves to be in excellent or good health are more likely to be satisfied with their health care. Also, it is suggested in the same study that, a person's health before arrival at the hospital, whether through accident, a chronic condition or a voluntary procedure may affect the patients' expectations about the care (Alsaqri 2016).

Ball and *et, al* suggest that missed nursing care facilitates the relationship between nurse staffing and risk of patient mortality. Measuring missed care may provide an alert sign of higher risk for poor patient outcomes (Ball *et al* 2018).

patient satisfaction level with nursing care was found to be below average Overall, the patients considered that nursing care needs improvement, especially in terms of the provision of information and psychosocial support.

V. Conclusions

The findings of this study show that the nurses' perceptions of nursing care were higher than those of patients, nurses rated themselves positively more than patients rated them, statistically significant over all the factors of this study were found. However, the perceptions of quality nursing care that nurses provide differ from the quality of care that patients were expecting as it is a normal fact that nurses and patients perceived nursing care from a different point of view, position and circumstances. These findings are consistent with the relevant bibliography. Researchers in this field have identified the needs of improving personal contact, interaction, communication, and providing information for patients and families as well.

Table 1–Distribution of the frequencies of nurses 'responses to quality in the care provided for declarations from 1-11

	Attitudes and opinions of nurses regarding the care and quality of services they provide to patients	NOT AT ALL (1)	SLIGHTLY (2)	MODERATELY (3)	CONSIDERABLY (4)	EXTREMELY(5)
1.	Know how to give treatment (e.g. Intravenous injections, bandages, etc.)	0 0,0%	6 3,1%	23 11,8%	59 30,3%	107 54,9%
2.	Know how to operate specialized equipment (e.g. pumps, monitors, etc.)	2 1,0%	9 4,6%	35 17,9 %	55 28,1%	95 48,5%
3.	check if their medications soothe their symptoms (e.g. nausea, pain, constipation, anxiety, etc.)	0 0,0%	2 1,0%	19 9,7%	69 35,2%	106 54,1%
4.	Give them indications and means to treat or prevent certain side-effects of their medications or treatments.	2 1,0%	2 1,0%	14 7,1%	68 34,7%	110 56,1%
5.	Know what to do in situations where one must act quickly.	0 0,0%	2 1,0%	30 15,3%	56 28,6%	108 55,1%
6.	Help them with the care they cannot administer themselves.	0 0,0%	1 0,5%	17 8,7%	51 26,2%	126 64,3%
7.	Show ability and skill in my way of intervening with them.	0 0,0%	4 2,0%	20 10,2%	54 27,6%	118 60,2%
8.	Closely monitor their health condition.	1 0,5%	1 0,5%	23 11,9%	66 34,2%	102 52,8%
9.	provide them with the opportunity to practice self-administered care.	5 2,6%	7 3,6%	29 15,0%	53 27,5%	99 51,3%
10.	Help them to look for a certain equilibrium balance in their life.	18 9,4%	15 7,8%	34 17,7%	55 28,6%	70 36,5%
11.	Help them to explore what is important in their life.	32 16,3%	32 16,3%	37 18,9%	44 22,4%	51 26,0%

Table 2 – Distribution of the frequencies of nurses ' responses to quality in the care provided for declarations from 12-23.

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Attitudes and opinions of nurses regarding the care and quality of services they provide to patients	NOT AT ALL (1)	SLIGHTLY (2)	MODERATELY (3)	CONSIDERABLY (4)	EXTREMELY(5)
12. Help them clarify which things they would like significant persons to bring them.	32 16,3%	32 16,3%	39 19,9%	44 22,4%	49 25,0%
13. Help them to explore the meaning that they gave to their health condition.	34 17,5%	29 14,9%	39 20,1%	41 21,1%	51 26,3%
14. Help them to recognize the means to efficiently resolve their problems.	27 13,8%	29 14,9%	38 19,5%	44 22,6%	57 29,2%
15. Help them to see things from a different point of view.	20 10,3%	20 10,3%	48 24,7%	46 23,7%	60 30,6%
16. Try to identify with them the consequences of their behavior.	29 14,9%	26 13,4%	31 16,0%	46 23,7%	62 32,0%
17. Consider them as complete individuals, show that I am interested in more than their health problem.	1 0,5%	5 2,6%	13 6,6%	41 20,9%	136 69,4%
18. Encourage them to be hopeful, when it was appropriate.	0 0,0%	3 1,5%	17 8,7%	48 24,6%	127 65,1%
19. Emphasize their efforts.	0 0,0%	2 1,0%	16 8,2%	50 25,8%	126 64,9%
20. Do not have an attitude of disapproval.	10 5,1%	0 0,0%	8 4,1%	40 20,4%	138 70,4%
21. Respect their privacy (e. g. does not expose them needlessly).	2 1,0%	1 0,5%	8 4,1%	38 19,4%	147 75,0%
22. Take their basic needs into account (e.g. sleeping, hygiene, etc.)	0 0,0%	1 0,5%	7 3,6%	45 23,0%	143 73,0%
23. Do treatments or give medications at the scheduled time.	0 0,0%	0 0,0%	7 3,6%	20 10,2%	169 86,2%

Table 3-Frequencies of patient responses for care provided by nurses for statements from 1-11

Attitudes and opinions of patients regarding the care and quality of services provided to them.	NOT ALL (1)	AT (2)	SLIGHTLY (2)	MODERATELY (3)	CONSIDERABLY (4)	EXTREMELY(5)
1. knew how to give treatment (e.g. intravenous injections, bandages, etc.)	0 0,0%		19 9,0%	60 28,6%	78 37,1%	53 25,2%
2. Knew how to operate specialized equipment (e.g. pumps, monitors, etc.)	0 0,0%		25 12,0%	75 35,9 %	60 28,7%	49 23,4%
3. checked if my medication soothed my symptoms (e.g. nausea, pain, constipation, anxiety, etc.).	18 8,6%		50 23,8%	63 30,0%	40 19,0%	39 18,6%
4. gave me indications and means to treat or prevent certain side effects of my medications or treatments.	20 9,5%		31 14,8%	60 28,6%	67 31,9%	32 15,2%
5. knew what to do in situation, where one must act quickly.	1 0,5%		44 21,1%	57 27,3%	71 34,0%	36 17,2%
6. Helped me with the care I cannot administer myself.	12 5,7%		23 11,0%	72 34,3%	52 24,8%	51 24,3%
7. Showed ability and skill in their way of intervening with me.	2 1,0%		22 10,5%	57 27,3%	90 42,9%	38 18,2%
8. Closely monitor my health condition.	7 3,3%		26 12,4%	56 26,7%	77 36,7%	44 21,0%

9.	provided me with the opportunity to practice self-administered care.	5 2,4%	8 3,8%	35 16,7%	115 55,0%	46 22,0%
10.	Help me to look for a certain equilibrium balance in my life.	76 36,2%	48 22,9%	38 18,1%	38 18,1%	10 4,8%
11.	Helped me to explore what is important in my life.	81 39,1%	48 23,2%	29 14,0%	34 16,4%	15 7,2%

Table 4-Frequencies of patient responses for care provided by nurses for statements from 12-23

Attitudes and opinions of patients regarding the care and quality of services provided to them.		NOT AT ALL (1)	SLIGHTLY (2)	MODERATELY (3)	CONSIDERABLY (4)	EXTREMELY (5)
12.	Helped me clarify which things I would like significant persons to bring me.	65 31,3%	58 27,9%	38 18,3%	35 16,8%	12 5,8%
13.	Helped me to explore the meaning that I gave to my health condition.	63 30,1%	50 23,9%	56 26,8%	29 13,9%	11 5,3%
14.	Helped me to recognize the means to efficiently resolve my problems.	51 24,3%	60 28,6%	40 19,0%	39 18,6%	20 9,5%
15.	Helped me to see things from a different point of view.	45 21,4%	53 25,2%	62 29,5%	36 17,1%	14 6,7%
16.	Tried to identify with me the consequences of my behavior.	87 41,4%	49 23,3%	36 17,1%	28 13,3%	10 4,8%
17.	Considered me as complete individuals, showed that they were interested in more than my health problem.	28 13,3%	47 22,4%	59 28,1%	53 25,2%	23 11,0%
18.	Encouraged me to be hopeful, when it was appropriate.	16 7,7%	55 26,3%	60 28,7%	50 23,9%	28 13,4%
19.	Emphasized my efforts.	13 6,2%	63 30,0%	59 28,1%	42 20,0%	33 15,7%
20.	Did not have an attitude of disapproval.	3 1,4%	3 1,4%	4 1,9%	33 15,7%	167 79,5%
21.	Respected my privacy (e. g. does not expose me needlessly).	6 2,9%	10 4,8%	53 25,4%	84 40,2%	56 26,8%
22.	Took my basic needs into account (e.g. sleeping, hygiene, etc.)	4 1,9%	17 8,1%	41 19,5%	82 39,0%	66 31,4%
23.	Did treatments or gave medications at the scheduled time.	5 2,4%	4 1,9%	12 5,7%	60 28,6%	129 61,4%

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